

**FEC FORM 9  
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations**

(a) Name

Americans For Common Sense Solutions

(b) Address (number and street)

☐ check if different than previously reported

170 Westminster Street

(c) City, State and ZIP Code

Providence

RI

02903

**2. FEC Identification Number****C** C30001903

(d) Name of Employer or Principal Place of Business

n/a

(e) Occupation

n/a

**3. Is This Statement**☒**New**

or

☐**Amended****4. Covering Period**M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

through

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0**5. (a) Date of Public Distribution(s)**M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0**(b) Communication Title** Constitution**6. The filer is a(n):** (a) ☐ Individual (b) ☒ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_**7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Christopher Stenberg

(b) Address (number and street)

170 Westminster Street

(c) City, State and ZIP Code

Providence

RI

02903

(d) Name of Employer or Principal Place of Business

self-employed

(e) Occupation

consultant

**9. Total Donations This Statement**

50000.00

**10. Total Disbursements/Obligations This Statement**

38988.63

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Christopher Stenberg

SIGNATURE Electronically Filed by Christopher Stenberg

DATE 02/15/2011

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

**List of Person(s) Sharing/Exercising Control**

(use additional pages as necessary)

PAGE 2 / 6

**11. Person(s) Sharing/Exercising Control**

<b>A.</b> (a) Name Christopher Stenberg	<b>Transaction ID :</b> F91.000001
--	------------------------------------

(b) Address (number and street) 170 Westminster Street
---

(c) City, State and Zip Code
------------------------------

Providence

RI

02903

(d) Name of Employer or Principal Place of Business
---

self-employed

(e) Occupation
----------------

consultant

<b>B.</b> (a) Name Edward Cotugno	<b>Transaction ID :</b> F91.000002
--------------------------------------	------------------------------------

(b) Address (number and street) 1692 Chalkstone Ave.
---

(c) City, State and Zip Code
------------------------------

Providence

RI

02909

(d) Name of Employer or Principal Place of Business
---

not employed

(e) Occupation
----------------

A. Full Name of Donor  
Jennifer Johnson

Mailing Address of Donor  
4319 Oakwood Avenue

CityStateZip  
La CanadaCA91011

Date of Receipt  

MM / DD / YYYY  
10 / 20 / 2010

Amount  

50000.00

Transction ID : F92.000001

SUBTOTAL of Donations This Page (optional).....

TOTAL This Period (last page this line number only).....  
(carry total from last page to Line 9)

50000.00

50000.00

**SCHEDULE 9-B****Disbursement(s) Made or Obligations**

PAGE 4 / 6

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Seaside Communications <hr/> Mailing Address of Payee 125 N. Nopal Street <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Santa Barbara</td> <td style="width: 33%;">State CA</td> <td style="width: 33%;">Zip Code 93103</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 50%;">Name of Employer n/a</td> <td style="width: 50%;">Occupation n/a</td> </tr> </table> <hr/> Purpose of Disbursement (including title(s) of communication(s)) TV/media placement - Constitution				City Santa Barbara	State CA	Zip Code 93103	Name of Employer n/a	Occupation n/a	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>1 0 / 2 0 / 2 0 1 0</span> </div> <hr/> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">24945.00</div> <hr/> Communication Date <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>1 0 / 2 1 / 2 0 1 0</span> </div> <hr/> <b>Transaction ID :</b> F93.000001																																
City Santa Barbara	State CA	Zip Code 93103																																							
Name of Employer n/a	Occupation n/a																																								
<table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Federal Candidate Lois Capps</td> <td style="width: 15%;">Office Sought:</td> <td style="width: 15%;"> <input checked="" type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td style="width: 15%;">State: CA</td> <td style="width: 15%;">District: 23</td> <td style="width: 20%;">Disbursement/Obligation For: 2010</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td> <input type="checkbox"/> Primary  <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) _____         </td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Federal Candidate</td> <td style="width: 15%;">Office Sought:</td> <td style="width: 15%;"> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td style="width: 15%;">State: _____</td> <td style="width: 15%;">District: _____</td> <td style="width: 20%;">Disbursement/Obligation For:</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td> <input type="checkbox"/> Primary  <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) _____         </td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Federal Candidate</td> <td style="width: 15%;">Office Sought:</td> <td style="width: 15%;"> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td style="width: 15%;">State: _____</td> <td style="width: 15%;">District: _____</td> <td style="width: 20%;">Disbursement/Obligation For:</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td> <input type="checkbox"/> Primary  <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) _____         </td> </tr> </table>				Name of Federal Candidate Lois Capps	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA	District: 23	Disbursement/Obligation For: 2010						<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For:						<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For:						<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>1 0 / 2 5 / 2 0 1 0</span> </div> <hr/> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">745.00</div> <hr/> Communication Date <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>1 0 / 2 1 / 2 0 1 0</span> </div> <hr/> <b>Transaction ID :</b> F93.000002	
Name of Federal Candidate Lois Capps	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA	District: 23	Disbursement/Obligation For: 2010																																				
					<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																																				
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For:																																				
					<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																																				
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For:																																				
					<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																																				
<b>B.</b> Full Name (Last, First, Middle Initial) of Payee Seaside Communications <hr/> Mailing Address of Payee 125 N. Nopal Street <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Santa Barbara</td> <td style="width: 33%;">State CA</td> <td style="width: 33%;">Zip Code 93103</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 50%;">Name of Employer n/a</td> <td style="width: 50%;">Occupation n/a</td> </tr> </table> <hr/> Purpose of Disbursement (including title(s) of communication(s)) TV/media placement - Constitution				City Santa Barbara	State CA	Zip Code 93103	Name of Employer n/a	Occupation n/a	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>1 0 / 2 5 / 2 0 1 0</span> </div> <hr/> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">745.00</div> <hr/> Communication Date <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>1 0 / 2 1 / 2 0 1 0</span> </div> <hr/> <b>Transaction ID :</b> F93.000002																																
City Santa Barbara	State CA	Zip Code 93103																																							
Name of Employer n/a	Occupation n/a																																								
<table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Federal Candidate Lois Capps</td> <td style="width: 15%;">Office Sought:</td> <td style="width: 15%;"> <input checked="" type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td style="width: 15%;">State: CA</td> <td style="width: 15%;">District: 23</td> <td style="width: 20%;">Disbursement/Obligation For: 2010</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td> <input type="checkbox"/> Primary  <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) _____         </td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Federal Candidate</td> <td style="width: 15%;">Office Sought:</td> <td style="width: 15%;"> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td style="width: 15%;">State: _____</td> <td style="width: 15%;">District: _____</td> <td style="width: 20%;">Disbursement/Obligation For:</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td> <input type="checkbox"/> Primary  <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) _____         </td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Federal Candidate</td> <td style="width: 15%;">Office Sought:</td> <td style="width: 15%;"> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td style="width: 15%;">State: _____</td> <td style="width: 15%;">District: _____</td> <td style="width: 20%;">Disbursement/Obligation For:</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td> <input type="checkbox"/> Primary  <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) _____         </td> </tr> </table>				Name of Federal Candidate Lois Capps	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA	District: 23	Disbursement/Obligation For: 2010						<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For:						<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For:						<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>1 0 / 2 5 / 2 0 1 0</span> </div> <hr/> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">745.00</div> <hr/> Communication Date <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>1 0 / 2 1 / 2 0 1 0</span> </div> <hr/> <b>Transaction ID :</b> F93.000002	
Name of Federal Candidate Lois Capps	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA	District: 23	Disbursement/Obligation For: 2010																																				
					<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																																				
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For:																																				
					<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																																				
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For:																																				
					<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																																				
<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....				<div style="border: 1px solid black; padding: 2px; text-align: right;">25690.00</div>																																					
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)				<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>																																					

**SCHEDULE 9-B****Disbursement(s) Made or Obligations**

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Seaside Communications				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0</div> </div>			
Mailing Address of Payee 125 N. Nopal Street				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7000.00</div>			
City Santa Barbara		State CA		Zip Code 93103		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0</div> </div>	
Name of Employer n/a		Occupation n/a		<b>Transaction ID :</b> F93.000003			
Purpose of Disbursement (including title(s) of communication(s)) TV/media placement - Constitution							
Name of Federal Candidate Lois Capps		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: CA District: 23		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000006							
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
<b>B.</b> Full Name (Last, First, Middle Initial) of Payee Walsh & Associates, Inc.				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 1 0</div> </div>			
Mailing Address of Payee 294 Main Street				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1887.21</div>			
City East Greenwich		State RI		Zip Code 02818		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0</div> </div>	
Name of Employer n/a		Occupation n/a		<b>Transaction ID :</b> F93.000004			
Purpose of Disbursement (including title(s) of communication(s)) TV/media productionn - Constitution							
Name of Federal Candidate Lois Capps		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: CA District: 23		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000008							
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....				<div style="border: 1px solid black; padding: 2px; text-align: right;">8887.21</div>			
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)				<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			

**SCHEDULE 9-B****Disbursement(s) Made or Obligations**

PAGE 6 / 6

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Walsh & Associates, Inc.				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0</div> </div>			
Mailing Address of Payee 294 Main Street				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2205.54</div>			
City East Greenwich		State RI		Zip Code 02818		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0</div> </div>	
Name of Employer n/a		Occupation n/a		<b>Transaction ID :</b> F93.000005			
Purpose of Disbursement (including title(s) of communication(s)) TV/media production - Constitution							
Name of Federal Candidate Lois Capps		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: CA District: 23		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000010							
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
<b>B.</b> Full Name (Last, First, Middle Initial) of Payee Teresa M. Graham				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 1 0</div> </div>			
Mailing Address of Payee 27 Shangri-La Blvd				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2205.88</div>			
City East Wareham		State MA		Zip Code 02538		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0</div> </div>	
Name of Employer n/a		Occupation media consultant		<b>Transaction ID :</b> F93.000006			
Purpose of Disbursement (including title(s) of communication(s)) Media placement fee - Constitution							
Name of Federal Candidate Lois Capps		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: CA District: 23		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000012							
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....				<div style="border: 1px solid black; padding: 2px; text-align: right;">4411.42</div>			
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)				<div style="border: 1px solid black; padding: 2px; text-align: right;">38988.63</div>			